

## NEW HIRE CHECKLIST

Claire Hale  
Name

Chorus Christi,  
Location/Department/Title

044-86-1260  
Social Security Number

3/6/23  
Hire Date

Place a check mark next to each item when obtained and/or completed or an "N/A" if item does not apply.

<input checked="" type="checkbox"/>	Mission Statement
<input checked="" type="checkbox"/>	Employment Application
<input checked="" type="checkbox"/>	Resume (if available)
<input type="checkbox"/>	Personnel Action Notice (completed and signed)
<input type="checkbox"/>	Job Description (provided by Department Mgr. and signed by employee and Supervisor)
<input checked="" type="checkbox"/>	Emergency Contact Information Form
<input checked="" type="checkbox"/>	W-4
<input checked="" type="checkbox"/>	8850 Form
<input checked="" type="checkbox"/>	I-9 Form (make copies of supplied documents on both sides)
<input checked="" type="checkbox"/>	Consent to Physical Exam and Drug Screen
<input checked="" type="checkbox"/>	Physical and Drug Screen Results
<input checked="" type="checkbox"/>	Cole Background Check Results
<input checked="" type="checkbox"/>	Employment and Business Ethics Agreement
<input checked="" type="checkbox"/>	Worker's Compensation Information (information only)
<input checked="" type="checkbox"/>	Texas Star Network – Employee Notice of Network Requirements
<input checked="" type="checkbox"/>	Annual Company Holiday's Observed
<input checked="" type="checkbox"/>	Request to Receive Electronic Pay Stub Notification
<input checked="" type="checkbox"/>	Employee Benefits Summary Sheet (information only)
<input checked="" type="checkbox"/>	Uniform Acknowledgement Form
<input checked="" type="checkbox"/>	Direct Deposit Authorization Form
<input type="checkbox"/>	Vendor Set Up and ACH information for expense reports, loans, etc.
<input type="checkbox"/>	Medical and Dental Information and Application
<u>N/A</u>	Medical and Dental Insurance Forfeiture Waiver Form
<input checked="" type="checkbox"/>	New Health Insurance Marketplace Coverage Options and Your Health Coverage
<input checked="" type="checkbox"/>	Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
<input checked="" type="checkbox"/>	Paycheck Deduction Authorization Form
<input checked="" type="checkbox"/>	Acknowledgement of Training
<input checked="" type="checkbox"/>	Signed Receipt of Employee Handbook
<input checked="" type="checkbox"/>	Attendance Calendar made and copy issued to a Supervisor
<input type="checkbox"/>	Keys to be issued: _____
<u>N/A</u>	Long Distance Code to be issued? Y _____ N _____
<input type="checkbox"/>	Business Cards to be printed? Y _____ N _____
<u>N/A</u>	Truck Salesmen License and CDL obtained (if applicable)
<input type="checkbox"/>	Open Help Desk for Computer Set up
<input type="checkbox"/>	Input into Payrol. System, Employee Number issued _____
<input type="checkbox"/>	Create Employee File

# PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and considers all applicants equally without regard to race, sex, age, color, religion, national origin, veteran status, or disability as provided in The Americans with Disability Act. This application will be given every consideration, but it's receipt does not imply the applicant will be employed. Each question must be answered completely and accurately before any action on it can be taken.

## PERSONAL INFORMATION

NAME <u>Hale Nguyen Claire Marie</u>		SOCIAL SECURITY NUMBER <u>044-86-1240</u>	CURRENT DRIVERS LICENSE # <u>47268315</u>	TYPE OF LICENSE <u>Class C</u>	STATE <u>TX</u>
LAST	FIRST	MIDDLE			
PRESENT ADDRESS <u>148 Meadow trail</u>		<u>Sandia</u>	<u>TX</u>	<u>78383</u>	
STREET		APT. NO.	CITY	STATE	ZIP CODE
PERMANENT ADDRESS					
STREET		APT. NO.	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NO. <u>(619) 874-7010</u>			
IN CASE OF EMERGENCY NOTIFY <u>Darlene</u>		<u>148 Meadow Trail</u>	<u>Sandia TX</u>	<u>78383</u>	<u>(361) 230-9199</u>
NAME		STREET	CITY	STATE	PHONE NO.
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OF IMMIGRATION STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

## EMPLOYEMENT DESIRED

POSITION	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER OR TEMPORARY <input type="checkbox"/>	DATE YOU CAN START <u>Feb, 21, 2022</u>	SALARY DESIRED
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER			
ARE YOU EMPLOYED NOW? <u>NO</u>			
EVER APPLIED TO THIS COMPANY BEFORE? <u>NO</u>		WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <u>NO</u>		WHERE?	WHEN?
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY?			
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	<input type="checkbox"/> OTHER
<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN	<input checked="" type="checkbox"/> FRIEND	

## EDUCATION

SCHOOL LEVEL	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	AWARDS RECEIVED	SUBJECTS STUDIED
GRAMMER LEVEL					
HIGH SCHOOL	<u>MBHS / Audco charter San Diego, CA</u>	<u>4</u>	<u>Yes</u>	<u>N/A</u>	<u>Basics</u>
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:	
IF YOU DID NOT GRADUATE HIGH SCHOOL OR COLLEGE EXPLAIN:	
SEPCIAL SKILLS:	
CAN YOU TYPE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO; IF YES <u>34</u> W.P.M.	
DESCRIBE COMPUTER SKILLS & EXPERIENCE:	<u>Can proficiently navigate basic programs</u>
ARE YOU WILL TO RELOCATE? <u>NO</u>	

**FORMER EMPLOYER (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Dollar General 1813 FM 534, Sandia, TX 78383  
 STARTING DATE November 2021 LEAVING DATE December 2021  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$8.25

JOB TITLE Store Associate

NAME AND TITLE OF SUPERVISOR Leo Vanscoy General store manager

DESCRIPTION OF WORK Retail / customer service REASON FOR LEAVING poor management

WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Tuesday Morning San Diego, CA 92109  
 STARTING DATE July 2021 LEAVING DATE October 2021  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$14.50

JOB TITLE Store Associate

NAME AND TITLE OF SUPERVISOR Sunnie Trujillo General Store manager

DESCRIPTION OF WORK Retail / customer service REASON FOR LEAVING Moved to Texas

WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE LEAVING DATE  
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY

JOB TITLE

NAME AND TITLE OF SUPERVISOR

DESCRIPTION OF WORK REASON FOR LEAVING

WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☐ NO; IF YES EXPLAIN

Would you be willing and able to perform all of the essential job functions on the **ATTACHED LIST** required by the job you you applying for?

☒ YES ☐ NO

If not, explain which tasks \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?

☐ YES ☒ NO

If yes, explain \_\_\_\_\_

Will you abide by the safety rules of this company?

☒ YES ☐ NO

Have you ever been disciplined for violating company safety rules or regulations?

☐ YES ☒ NO

If yes, explain \_\_\_\_\_

How many days of work (or school) have you missed in the last two years? none

How many times have you been late for work (or school) in the last two years? none

**REFERENCE GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND WHO ARE NOT PRIOR EMPLOYERS WHOM YOU HAVE KNOWN 1 YEAR**

NAME	HOME ADDRESS	HOME PHONE #	BUSINESS ADDRESS	BUSINESS PHONE	YEARS ACQUAINTED
Richard W.	4338 River Ranch Circle, TX	561-726-8874	8001 IH37 CORPUS CHRISTI	361-694-8400	1.5
David Baxter	San Diego, CA	619-957-1030	N/A	N/A	2
Derrick Park	San Diego, CA	760-421-7463	N/A	N/A	4
Tereza Prado	San Diego, CA	858-683-4136	1772 GARNETT AVE. SAN DIEGO, CA	858-274-3880	2

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	DATE OBLIGATION ENDS

**SPECIAL QUESTIONS**

**DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PROCEEDING A QUESTION.**

A CHECKED BOX INDICATES THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASON.

- ☒ HEIGHT FEET 5 INCHES 10
- ☒ ARE YOU A U.S. CITIZEN? YES ☒ NO ☐
- ☒ ARE YOU ABLE TO PERFORM EACH OF THE ESSENTIAL JOB FUNCTIONS ON THE ATTACHED LIST WITH OR WITHOUT AN ACCOMMODATION? YES ☒ NO ☐
- ☒ PLEASE SEE THE ATTACHED LIST OF ESSENTIAL JOB FUNCTIONS

FOR EACH FUNCTION YOU CAN ONLY PERFORM WITH REASONABLE ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM EACH FUNCTION THE TASKS, AND WITH WHAT ACCOMMODATION?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. ☒ WHAT FOREIGN LANGUAGES TO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ FLUENTLY? \_\_\_\_\_ WRITE FLUENTLY? \_\_\_\_\_

6. ☒ HAVE YOU BEEN CONVICTED OF ANY CRIME (EXCLUDING MINOR TRAFFIC), INCLUDING DWI OR DUI. (ANSWERING "YES" WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT) YES \_\_\_\_\_ NO ☒

IF "YES" STATE LOCATION \_\_\_\_\_ OFFENSE \_\_\_\_\_ DATE: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

ADDITIONAL EXPLANATION: \_\_\_\_\_

**NOTICE TO APPLICANT INITIAL EACH BOX TO ACKNOWLEDGE RECEIPT OF NOTICE**

☒ I understand and agree that I may be required to take one or more physical examinations: lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) as such time as designated by the Company and to release the Company's directors, officers, agents or employees from any claim arising in connection with the use of such test(s)

☒ I have been advised and I understand that the taking of drug and alcohol tests given according to Company policy are conditions of the condition of any employment offered to me. I acknowledge that refusal to take the same when asked will be grounds for immediate termination.

☒ I have been advised that if I am offered a job I may be required to take drug and medical tests and I agree to do so if requested.

☒ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law, but may be used in situations where employers have evidence that an employee is involved in theft, fraud or other crime if all requirements of the Polygraph Protection Act of 1988 are met.



## Essential Physical Job Functions

### All Administrative Employees Must Be Able To:

- remain in a stationary, seated position for at least 2 continuous hours per day
- communicate and exchange accurate information
- operate a computer
- ascend and descend stairs
- frequently reach, bend, push and pull
- frequently lift up to 5 lbs and infrequently lift between 10-25 lbs
- stand and walk for up to 2 hours per day

### II Parts Employees Must Be Able To:

- stand and walk for up to 4 continuous hours per day
- remain in a stationary, seated position for up to 4 continuous hours per day
- traverse the department and/or dealership for up to 6 continuous hours per day
- lift up to 50 lbs
- frequently reach, bend, push and pull
- ascend and descend stairs and move items up to 25 lbs
- ascend and descend a ladder and move up to 10 lbs
- move items up to 50 lbs
- communicate and exchange accurate information
- inspect and recognize
- operate a computer

### All Service & Body Shop Employees Must Be Able To:

- remain in a stationary, seated position for up to 2 hours per day
- stand and walk for up to 4 hours per day
- frequently lift 5-20 lbs and occasionally lift 25-50 lbs
- occasionally drive vehicles with manual transmissions
- frequently reach, bend, push and pull
- perform multiple tasks of fine manipulation
- inspect and recognize
- operate a computer
- communicate and exchange accurate information
- ascend and descend stairs and move items up to 25 lbs ascend and descend a ladder and move up to 10 lbs

### All Sales Employees Must Be Able To:

- remain in a stationary, seated position for at least 2 continuous hours per day
- stand and walk for up to 4 hours per day
- communicate and exchange accurate information
- operate a computer
- frequently reach, bend, push and pull
- operate a vehicle with a manual transmission
- frequently climb in and out of heavy-duty trucks

### All Information Technology Employees Must Be Able To:

- remain in a stationary, standing position for at least 2 continuous hours per day
- communicate and exchange accurate information
- operate a computer
- ascend and descend stairs
- frequently reach, bend, push and pull
- frequently lift up to 5 lbs and infrequently lift between 10-25 lbs
- stand and walk for up to 2 hours per day

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### AUTHORIZATIONS

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSION, OR MISREPRESENTATION IS DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME. BY SIGNING BELOW, I AUTHORIZE THE COMPANY TO SEEK FROM MY PRIOR EMPLOYERS AND MY PRIOR EMPLOYERS TO RELEASE INFORMATION ABOUT MY PRIOR EMPLOYMENT.

IF EMPLOYMENT IS OFFERED TO ME, I AGREE TO CONFORM TO AND FOLLOW ALL THE COMPANY'S RULES AND REGULATIONS. I ALSO AGREE ANY EMPLOYMENT OFFERED TO ME WILL BE "AT WILL AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, BY EITHER ME OR THE COMPANY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO ANY OF THE FOREGOING.

DATE

1/29/22

SIGNATURE

Claire Hake

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# CLAIRE MARIE HALE

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140 Meadow Trail, Sandia TX 78383 ♦ (619) 874-7010 ♦ Clairehale0124@gmail.com

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## PROFESSIONAL SUMMARY

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Organized, dependable, and proficient with computers. Offers confidence, trust, and efficiency regarding customer questions, concerns, and needs. Provides incredible customer service and satisfaction as well as dependability regarding company policies and regulations. Takes initiative in the workplace and works hard to ensure each customer can access everything they need in a quick and effective manner.

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## SKILLS

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- Proficient in Handling Customer Finances
- Cash Drawer Maintenance
- Detail-Oriented
- Meticulous Record-Keeper
- Effective at Problem-Solving
- Proficient in Conflict Resolution
- Strong Customer Service Skills
- Reliable Worker
- Enjoys Being Part of a Team
- Safety-Conscious
- Excellent Written and Spoken Communication Skills
- Proficient with Microsoft Office
- Sales and Customer Retention Experience

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## WORK HISTORY

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**Cashier/Store Associate**, 11/6/2021 to Current

**DOLLAR GENERAL** – Sandia, TX

- Trains new employees to ensure all job requirements are met
- Performs various management duties
- Prioritizes customer wellbeing by ensuring all health and safety requirements are met
- Monitors and ensures all vendors are working efficiently and effectively
- Ensures vendors have all supplies and space needed for items to be restocked
- Organizes, restocks and adjusts pricing on items biweekly
- Unloads and restocks new items twice per week
- Handles payments and ensures proper change is given to each customer
- Prioritizes customer satisfaction and aids customers when needed
- Utilizes discount and coupon codes when needed
- Completed health and safety training
- Completed emergency training for emergency situations

**Retail Store Associate, July 2021 to October 2021**

**TUESDAY MORNING – San Diego, CA**

- Greeted all customers that enter the store
- Answered customer questions regarding pricing or item locations
- Handled payments and ensured proper change was given
- Performed daily recount on all cash exchanged throughout each workday
- Ensured all items are organized, easily found and accessible
- Memorized all products, their locations in the store, and when new items will arrive for restocking
- Created merchandise displays to aid in customer acquisition and retention
- Performed health and safety measures such as disinfecting merchandise, equipment, and high-traffic areas
- Unloaded and restocked all merchandise weekly
- Recovered misplaced items and returned them to proper location
- Regularly reorganized shelving to optimize ease and efficiency for customers
- Other duties as required

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**EDUCATION**

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**High School Diploma - January 2021**

**Audeo Public Charter School - San Diego, CA**

**CPR Certified - American Red Cross**

**First Aid Tactical Training Certified - American Red Cross**

## EMPLOYEE CONTACT INFORMATION SHEET

☒ NEW

☐ UPDATE

Claire Hale  
EMPLOYEE'S NAME

140 Meadow Trail  
HOME ADDRESS

Sandia, Tx, 78383  
CITY, STATE, ZIP CODE

Service Writer  
POSITION TITLE

Sandra Sharp  
DEPARTMENT SUPERVISOR

NICKNAME (IF ANY)

(619) 874-7010  
CELL PHONE NUMBER

CELL PHONE CARRIER (AT&T, Sprint, etc.)

HOME PHONE NUMBER

Clairehale2003@gmail.com  
PERSONAL EMAIL ADDRESS

## FAMILY DOCTOR CONTACT

Will Thompson  
DOCTOR'S NAME

101 S. Eugenia St OG. 78372  
ADDRESS

361-382-2024  
TELEPHONE NUMBER

78372  
CITY, STATE, ZIP CODE

## EMERGENCY CONTACT (Primary)

Allison Hale  
NAME

140 Meadow Trail  
ADDRESS

Sandia Tx 78383  
CITY, STATE, ZIP CODE

MOTHER  
RELATIONSHIP

619-874-6927  
PHONE NUMBER

## EMERGENCY CONTACT (Secondary)

Darlene Hale  
NAME

140 Meadow Trail  
ADDRESS

Sandia Tx 78383  
CITY, STATE, ZIP CODE

Grandmother  
RELATIONSHIP

361-230-9199  
PHONE NUMBER



**Employee's Withholding Certificate**

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>Clair M</b>	Last name <b>Hate Nguyen</b>	(b) Social security number
	Address <b>140 Meadow trail</b>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Sandia Tx 18383</b>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) <b>Clair Hate</b>		Date <b>2-28-23</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Claira Hale Social security number ► 1244-86-1260

Street address where you live 140 Meadow Trail

City or town, state, and ZIP code Sandia Tx 78383

County Live Oak Telephone number (419) 874-7010

If you are under age 40, enter your date of birth (month, day, year) 07-02-03

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► Claira Hale

Date 2-28-23

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. \_\_\_\_\_ EIN ► \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information _____	Was offered job _____	Was hired _____	Started job _____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ►****Title****Date**

## Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . 6 hr., 27 min.

**Learning about the law  
or the form** . . . . . 24 min.

**Preparing and sending this form  
to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name) <b>Hale Nguyen</b>		First Name (Given Name) <b>Claire</b>		Middle Initial <b>M</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>140 Meadow trail</b>		Apt. Number	City or Town <b>Sandia</b>		State <b>NM</b>	ZIP Code <b>78383</b>
Date of Birth (mm/dd/yyyy) <b>07-02-2003</b>	U.S. Social Security Number <b>6444-86-1260</b>		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <b>Claire Hale</b>	Today's Date (mm/dd/yyyy) <b>2-28-23</b>
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**Preparer and/or Translator Certification (check one):**

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

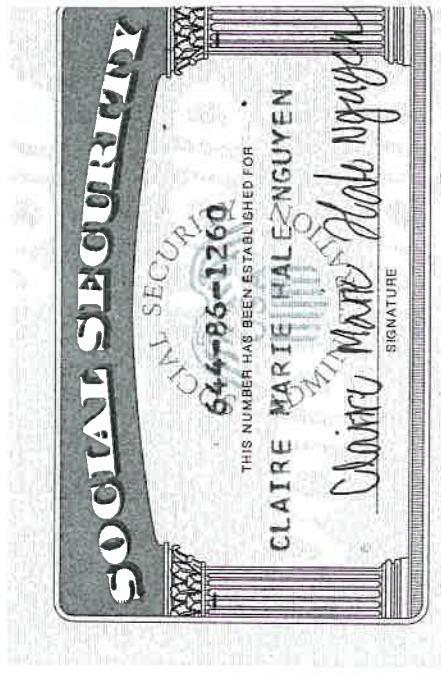
**Refer to the instructions for more information about acceptable receipts.**

Keep this stub with your personal records. The other side contains important information.

# YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately. Keep your card in a safe place to prevent loss or theft. Do not laminate your card.

CLARE MARIE HALE NGUYEN  
PO BOX 2161  
ROCKPORT TX 78381-2161



## YOUR SOCIAL SECURITY CARD

The Social Security number shown on your card is yours alone. Do not allow others to use your number as their own. Record your number in a safe place in case your card is lost or stolen. Protect both your card and your number to prevent their misuse.

You should contact us to update your Social Security number records if your name, your U.S. citizenship status, or your status as an alien in the U.S. changes. You will need to file an application for a corrected Social Security card and provide proof of your identity and we may request certain other evidence supporting the change.

Show your card to your employer when you start a new job. Make sure your employer uses the name and number exactly as it is shown on your Social Security card so we can record your earnings correctly.

Some private organizations use Social Security numbers for record keeping purposes. Such use is neither required nor prohibited by Federal Law. The use of your Social Security number by such an organization for its own records is a private matter between you and the organization. Private organizations cannot get information from your Social Security record just because they know your number.

Any government agency that asks for your number must tell you: whether giving it is mandatory or voluntary, its authority for requesting the number, and how the number will be used.

If you are an alien without permission to work in the U.S., your Social Security card will be marked "NOT VALID FOR EMPLOYMENT". We will notify U.S. immigration officials if you use the number to work.

If you are an alien legally in the U.S. with temporary permission to work, your Social Security card will be marked "VALID FOR WORK ONLY WITH INS AUTHORIZATION". If you show this card to an employer as evidence of employment eligibility, you will also have to show your U.S. immigration document authorizing employment.

You should contact Social Security right away to apply for benefits if you become disabled, reach retirement age or are about to attain age 65.

You can reach us at 1-800-772-1213 or through our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
- DO NOT carry it with you.

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration  
Form SSA-3000 (12-2002)

E46239852



Texas

DRIVER LICENSE

Director: *James C. Bell*

DRIVER LICENSE

UNDER 21 UNTIL  
07/02/2024

14. DL: 47268815

9. Class: C

3. DOB: 07/02/2003

4b. Exp: 07/02/2030

4a. Iss: 10/20/2021

12. Rest: NONE

9a. End: NONE

*Claire Marie Nguyen*

1. NGUYEN  
2. CLAIRE MARIE HALE  
8. 140 MEADOW TRL  
SANDIA, TX 78383-4034

07/02/2003



16. Hgt: 5'-06"

15. Sex: F

18. Eyes: BRO

6. DO: 07320121105220866759

CLASS: C-Single or comb veh w/ GVWR ≤ 25,000 lbs which transports placarded  
HAZMAT or ≥ 16 pass, including driver  
REST: NONE

20001569718

END: NONE REV: 09/10/2021

DOB: 07/02/2003 Directive to physician  
has been filed at Tel #  
Emergency Contact #  
Allergic reaction to  
drugs

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555



## REQUEST TO RECEIVE ELECTRONIC PAY STUB NOTIFICATION

I, Claire Hale, request that  
SelectTransportation Resources, LLC deliver my weekly payroll direct deposit  
stub electronically. In doing so, I understand that:

- ✓ My request to enroll in this program is voluntary
- ✓ If I choose to enroll, 100% of my weekly pay must be distributed via direct deposit and each stub will be emailed to my company email address
- ✓ All future direct deposit stubs will be delivered to me by electronic means via company email
- ✓ Each email attachment will be password protected
- ✓ My password will be my social security number without hyphens
- ✓ I am solely responsible for the confidentiality of my password and personal pay related information; SelectTransportation Resources, LLC assumes no responsibility in the event of a breach in my password
- ✓ I am not required to participate in this program and am able to cancel my participation at any time.

Claire Hale  
Signature

2-28-23  
Date

Claire Hale  
Printed Name

Please confirm your company email address below.

\_\_\_\_\_  
Company Email Address

---

\*Feel free to cut off this portion of the form for your reference\*

To access your company email account from home:

- Go to: <http://mail.selecttransportation.com/exchange>
- username: first.last (same as your normal login)
- password: (the password you use everyday to login at work)
- domain: (leave blank)

## UNIFORM ACKNOWLEDGEMENT

I, Claire Hale, understand that my position requires me to wear the standard shop/parts uniform. Upon termination of my employment from SelecTransportation Resources, LLC or any of its affiliated companies, I agree to return all uniforms issued to me. If I do not return all uniform(s), the Company reserves the right to retain from my final paycheck, the sum equivalent of the replacement of the uniform(s).

Claire Hale  
Employee Signature

2-28-23  
Date

644-86-1260  
Social Security Number

# DIRECT DEPOSIT AUTHORIZATION - PAYROLL & EXPENSE REIMBURSEMENT

Claire Hale  
Name (please print)

644-86-1260  
Social Security Number

To be eligible for direct deposit the following applies:

- \* The account(s) listed below must already be set up at said financial institution.
- \* Said institution must accept direct deposits.
- \* A voided check (checking) and/or deposit slip (savings) must be attached.
- \* Please call banking institution and verify your ABA Routing Number.

\_\_\_\_\_  
Employee Number

Account #1

☒ New

☐ Change

☐ Cancel

Wells Fargo  
Institution Name

11900659  
ABA Routing # (9-digit number)

☐ Checking

☐ Savings

☒ Full Deposit

☐ Partial = \$ \_\_\_\_\_

1521761831  
Account Number

Account #2

☐ New

☐ Change

☐ Cancel

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
ABA Routing # (9-digit number)

☐ Checking

☐ Savings

☐ Full Deposit

☐ Partial = \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

Account #3

☐ New

☐ Change

☐ Cancel

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
ABA Routing # (9-digit number)

☐ Checking

☐ Savings

☐ Full Deposit

☐ Partial = \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

I hereby authorize SelecTransportation Resources, LLC to make electronic direct deposit to my account(s) as noted above payroll for each pay period on my behalf and expense reimbursements. If funds are deposited to my account to which I am not entitled because of error, I authorize SelecTransportation Resources, LLC to direct the financial institution listed above to return such funds.

This authorization shall override any previous written authorizations and remain in effect until I have cancelled it in writing, a deposit has been rejected because said account has been closed or until my termination of employment.

Claire Hale  
Signature of Employee

2-28-23  
Date

## PAYCHECK DEDUCTION AUTHORIZATION

State law requires employers to have written consent from their employees before deducting any monies except applicable taxes from the employees' paychecks.

In compliance with the above, I, Claire Hale hereby authorize SelectTransportation Resources, LLC or any of its affiliate companies, to withhold the following from my paycheck.

Please indicate below the weekly deduction amounts being authorized by initialing below.

PREMIUM MEDICAL		BASIC MEDICAL	
Coverage	Employee Cost	Coverage	Employee Cost
Employee only	\$ 61.91 per week	Employee only	\$ 34.78 per week
Employee & Spouse	\$ 138.39 per week	Employee & Spouse	\$ 130.00 per week
Employee & Child(ren)	\$ 115.14 per week	Employee & Child(ren)	\$ 110.14 per week
Employee & Family	\$ 184.47 per week	Employee & Family	\$ 180.00per week

☒ Premium Medical – Employee only \$61.91 per week  
☐ Premium Medical – Employee & Spouse \$138.39 per week  
☐ Premium Medical – Employee & Child(ren) \$115.14 per week  
☐ Premium Medical – Employee & Family \$184.47 per week

☒ Basic Medical – Employee only \$34.78 per week  
☐ Basic Medical – Employee & Spouse \$130.00 per week  
☐ Basic Medical – Employee & Child(ren) \$110.14 per week  
☐ Basic Medical – Employee & Family \$180.00 per week

☐ Dental – Family \$3.74 per week  
☐ Child Support (please provide Cause No. and Style)  
☐ Other (please describe) \_\_\_\_\_

Claire Hale  
Employee Signature

2-28-23  
Date

# ACKNOWLEDGEMENT OF TRAINING

I hereby acknowledge having watched SelecTransportaion Resources, LLC's new hire orientation training video. The video includes:

- General safety rules
- Job specific safety rules and
- Harassment training

In addition to the above, I have completed all required KPA online training courses which were assigned to me based on the department in which I will be working.

Claire Hale

Signature

2-28-23

Date

Claire Hale

Printed Name

Sandra Sharp

Company Representative



**OPEN ENROLLMENT 2021**

Benefits Administered by:



LAST NAME: <u>Hale Nguyen</u>	FIRST NAME: <u>Claire</u>	EMPLOYEE ID:
ADDRESS: <u>140 Meadow Trail</u>		
CITY: <u>Sandia</u>	STATE: <u>TX</u>	ZIP CODE: <u>78383</u>
SOCIAL SECURITY NUMBER: <u>644-86-1260</u>	DOB: <u>07-02-03</u>	GENDER: <u>Female</u>
CELL PHONE NUMBER: <u>(619) 874-1010</u>	MARITAL STATUS: <u>Single</u>	
DEPARTMENT: <u>Service</u>	JOB TITLE: <u>Service Writer</u>	

**MEDICAL AND DENTAL ELECTION**

<u>PREMIUM</u> HEALTH PLAN	PER WEEK	<u>BASIC</u> HEALTH PLAN	PER WEEK	<u>DENTAL</u> PLAN	PER WEEK
<input type="checkbox"/> EMPLOYEE ONLY	\$61.91	<input checked="" type="checkbox"/> EMPLOYEE ONLY	\$34.78	<input checked="" type="checkbox"/> EMPLOYEE ONLY	FREE
<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$115.14	<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$110.14	<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$3.74
<input type="checkbox"/> EMPLOYEE & SPOUSE	\$138.39	<input type="checkbox"/> EMPLOYEE & SPOUSE	\$130.00	<input type="checkbox"/> EMPLOYEE & SPOUSE	\$3.74
<input type="checkbox"/> FAMILY	\$184.47	<input type="checkbox"/> FAMILY	\$180.00	<input type="checkbox"/> FAMILY	\$3.74

☐ WAIVE HEALTH COVERAGE☐ WAIVE DENTAL COVERAGE**COMPLETE THIS SECTION IF ELECTING DEPENDENT MEDICAL OR DENTAL COVERAGE**

DEPENDENT FULL LEGAL NAME	SSN	DOB	GENDER	RELATIONSHIP TO EMPLOYEE

A \$20,000 Life Insurance and \$20,000 AD&D policy are provided at no cost with enrollment in one of the health plans listed above.

Beneficiary Full Name: Allison Deblais Beneficiary Relationship: Mother

**Supplemental benefits are provided through UNUM. Additional information will be provided shortly regarding an open enrollment period for these voluntary coverages.**

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.** I understand that coverage will not be effective until all questions regarding eligibility for coverage have been satisfactorily resolved. I understand that I may not change the coverage elections that I make on the Employee Enrollment/Change Form until the plan's next open/annual enrollment period or unless otherwise permitted by the Plan. Furthermore, I understand that it is a crime for any person, who knowingly and with intent to defraud any insurance company or other person, to file a statement or claim which conceals information or contains information which is materially false or misleading.

☒ I hereby apply for coverage and authorize deductions from my earnings for the amount required, if any, to cover any contribution for coverage.

Claire Hale  
EMPLOYEE SIGNATURE

2-28-23  
DATE